

CLAIMS ONLY

Application Number
101628932

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21						
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29						
30						
31						
32						
33						
34						
35	1					
36						
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38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend						
Total Claims						

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52		1				
53						
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97						
98						
99						
100						
Total Indep	3					
Total Depend	50					
Total Claims	53					